

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031307

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 40

FILED AUG 26 1963

VS 300 Rev. 4/59	DATE AMENDED	DOCUMENT
1 0101		
2 0101		
3 2		
4 0		
5 1		
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7 0		
8 2		
9 201H		
10		
11		
12 90-0		
13 2-0		

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) Centralia		c. CITY OR TOWN Centralia	
Length of stay in lb years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Residence		d. STREET ADDRESS (If outside, give location) 214 South Rollins	
3. NAME OF DECEASED (Type or print) Wardlow Earl Palmer		4. DATE OF DEATH Month Aug Day 9 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/21/1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance-Real Estate		10b. KIND OF BUSINESS OR INDUSTRY Ins & Real Estate	
11. BIRTHPLACE (City and state or country) Hallsville		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Reuben Palmer		13b. MOTHER'S MAIDEN NAME Rosa May Stevinson	
14. NAME OF HUSBAND OR WIFE Verna Palmer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Mrs. Verna Palmer, Centralia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Coronary sclerosis DUE TO (b) Coronary sclerosis DUE TO (c) Left pulmonary carcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1 Year			INTERVAL BETWEEN ONSET AND DEATH 30 minutes 9 years
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour - a.m. - p.m. -	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Centralia, Missouri	
21. I attended the deceased from Feb. 15, 1952 to 9 Aug. 1963 and last saw him alive on Aug. 9 1963		22c. DATE 1963 Aug. 10	
Death occurred at 10:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Centralia, Missouri	
22a. SIGNATURE J. LaChance, M.D.		22c. DATE 1963 Aug. 10	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 11, '63	23c. NAME OF CEMETERY OR CREMATORY Centralia	23d. LOCATION (City, town, or county) Centralia, Mo.
24. REGISTRAR'S SIGNATURE Geo J. Masdon		25. DATE RECD. BY LOCAL REG. Aug. 10-1963	
26. REGISTRAR'S SIGNATURE Maud M. Bride			

(Licensed Embalmer's Statement on Reverse Side)

AUG 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signature

Burr J. Meadows

Licensed Embalmer No. 4876

P. O. Address

Central Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.